



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311 (Current Period)	1311 (Prior Period)	NAIC Company Code	95844	Employer's ID Number	38-2242827
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [X] No []					
Incorporated/Organized	06/27/1978		Commenced Business	02/08/1979		
Statutory Home Office	2850 West Grand Boulevard (Street and Number)			Detroit, MI 48202 (City or Town, State and Zip Code)		
Main Administrative Office	2850 West Grand Boulevard (Street and Number) Detroit, MI 48202 (City or Town, State and Zip Code)					
				313-872-8100 (Area Code) (Telephone Number)		
Mail Address	2850 West Grand Boulevard (Street and Number or P.O. Box)			Detroit, MI 48202 (City or Town, State and Zip Code)		
Primary Location of Books and Records	2850 West Grand Boulevard (Street and Number) Detroit, MI 48202 (City or Town, State and Zip Code)					
				248-443-1093 (Area Code) (Telephone Number)		
Internet Web Site Address	www.hap.org					
Statutory Statement Contact	Dianna Ronan CPA (Name)			248-443-1093 (Area Code) (Telephone Number) (Extension)		
	dronan@hap.org (E-Mail Address)			248-443-8610 (FAX Number)		

OFFICERS

Name	Title	Name	Title
Nicholas C Anderson	Chairman	Ronald W Berry	Treasurer
Maurice E McMurray	Secretary		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Nicholas C Anderson	Marvin Beatty #	MaryBeth Bolton MD	Mary E Bunn
William A Conway MD	John T Gargaro	Jethro Joseph	Jackie Martin
William L Peirce	Richard Popp #	Carol Quigley IHM	Catherine A Roberts
Robin Scales-Wooten	Nancy Schlichting	Rebecca R Smith	Susan Wells
Karen Wezner			

State of Michigan.
County of Wayne.

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Nicholas C Anderson
Chairman

Ronald W Berry
Treasurer

Maurice E McMurray
Secretary

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [X] No []
b. If no:,
1. State the amendment number 0
2. Date filed
3. Number of pages attached 0

Roderick Irwin Curry, Notary
August 14 2013

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Health Alliance Plan of Michigan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Health Alliance Plan of Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	7,311,326		6,207,207	1,104,119	1,104,119	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	7,311,326	0	6,207,207	1,104,119	1,104,119	0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan				2. Detroit		(LOCATION)			
NAIC Group Code	1311	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2008				NAIC Company Code		95844	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	400,317	3,831	351,258				23,290	21,938			
2. First Quarter	392,685	3,543	344,119				22,146	22,877			
3. Second Quarter	393,552	3,374	345,160				22,123	22,895			
4. Third Quarter	387,849	3,234	336,073				22,155	26,387			
5. Current Year	383,405	3,128	331,714				22,148	26,415			
6. Current Year Member Months	4,689,473	40,558	4,087,646				265,723	295,546			
Total Member Ambulatory Encounters for Year:											
7. Physician	1,549,819	14,902	1,275,457				78,608	180,852			
8. Non-Physician	82,756	867	59,593				4,099	18,197			
9. Total	1,632,575	15,769	1,335,050	0	0	0	82,707	199,049	0	0	
10. Hospital Patient Days Incurred	173,823		127,023					46,433		367	
11. Number of Inpatient Admissions	36,619		28,264					8,232		123	
12. Health Premiums Written (b)	1,651,408,432	10,635,503	1,270,308,238				88,066,369	282,398,322			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,655,116,487	10,641,869	1,275,090,130				86,986,166	282,398,322			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,516,163,811	9,654,657	1,156,804,136				87,736,353	261,968,665			
18. Amount Incurred for Provision of Health Care Services	1,516,796,475	9,641,967	1,155,283,646				86,873,084	264,997,778			

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$282,398,322



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR 2008				NAIC Company Code		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	400,317	3,831	351,258	.0	.0	.0	23,290	21,938	.0	.0
2 First Quarter	392,685	3,543	344,119	.0	.0	.0	22,146	22,877	.0	.0
3 Second Quarter	393,552	3,374	345,160	.0	.0	.0	22,123	22,895	.0	.0
4. Third Quarter	387,849	3,234	336,073	.0	.0	.0	22,155	26,387	.0	.0
5. Current Year	383,405	3,128	331,714	0	0	0	22,148	26,415	0	0
6 Current Year Member Months	4,689,473	40,558	4,087,646	0	0	0	265,723	295,546	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,549,819	14,902	1,275,457	.0	.0	.0	78,608	180,852	.0	.0
8. Non-Physician	82,756	867	59,593	0	0	0	4,099	18,197	0	0
9. Total	1,632,575	15,769	1,335,050	0	0	0	82,707	199,049	0	0
10. Hospital Patient Days Incurred	173,823	0	127,023	0	0	0	0	46,433	0	367
11. Number of Inpatient Admissions	36,619	0	28,264	0	0	0	0	8,232	0	123
12. Health Premiums Written (b).....	1,651,408,432	10,635,503	1,270,308,238	.0	.0	.0	88,066,369	282,398,322	.0	.0
13. Life Premiums Direct.....	0	.0	0	.0	.0	.0	0	.0	.0	.0
14. Property/Casualty Premiums Written.....	0	.0	0	.0	.0	.0	0	.0	.0	.0
15. Health Premiums Earned.....	1,655,116,487	10,641,869	1,275,090,130	.0	.0	.0	86,986,166	282,398,322	.0	.0
16. Property/Casualty Premiums Earned.....	0	.0	0	.0	.0	.0	0	.0	.0	.0
17. Amount Paid for Provision of Health Care Services	1,516,163,811	9,654,657	1,156,804,136	.0	.0	.0	87,736,353	261,968,665	.0	.0
18. Amount Incurred for Provision of Health Care Services	1,516,796,475	9,641,967	1,155,283,646	0	0	0	86,873,084	264,997,778	0	0

(a) For health business: number of persons insured under PPO managed care products _____and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$282,398,322

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	301,807,589		301,807,589
2. Accident and health premiums due and unpaid (Line 13).....	15,155,726		15,155,726
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	6,265,838		6,265,838
6. Total assets (Line 26)	323,229,153	0	323,229,153
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	109,955,307	0	109,955,307
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,494,950		2,494,950
9. Premiums received in advance (Line 8).....	12,945,144		12,945,144
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	21,609,779		0
13. Total liabilities (Line 22).....	147,005,180	0	21,609,779
14. Total capital and surplus (Line 31).....	176,223,972	XXX	147,005,180
15. Total liabilities, capital and surplus (Line 32)	323,229,153	0	176,223,972
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payable/offsets	0		
27. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

9.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
10.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
11.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....SEE EXPLANATION.....
12.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

16.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
17.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
18.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....SEE EXPLANATION.....

Explanation:

9. HAP does not write Medicare Supplement Insurance

10. HAP does not write Life insurance business

11. HAP is not a Property Casualty insurer

12. HAP does not have shareholders

13. HAP does not write Life insurance business

14. HAP does not write Life insurance business

15. HAP offers Medicare Part D through a Medicare Advantage plan


16. HAP does not write Long-Term Care business


17. HAP does not write Life insurance business


18. HAP is not a Property Casualty insurer


Bar code:


9.


9 5 8 4 4 2 0 0 8 3 6 0 5 9 0 0 0
10.


9 5 8 4 4 2 0 0 8 2 0 5 0 0 0 0 0
13.


9 5 8 4 4 2 0 0 8 3 7 1 0 0 0 0 0
14.


9 5 8 4 4 2 0 0 8 3 7 0 0 0 0 0 0
16.


9 5 8 4 4 2 0 0 8 3 3 0 0 0 0 0 0
17.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Other Receivables.....	2,852		2,852	130,134
2305. Other Assets.....	57,843		57,843	57,843
2306.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	60,695	0	60,695	187,978

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(http://www.naic.org/committees_e_app_blanks.htm)

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